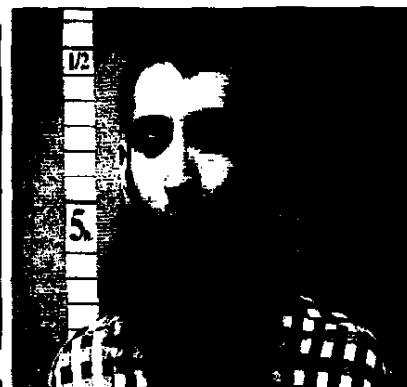


Exhibit W

Release Report

SAIPOV, SAYFULLO HABIBULLAEVIC

Address:			
2016005313			
Booking No:	Jacket No:	Book Date:	
		10/20/2016 10:23	
Sex:	Race:	Build:	Skin:
MALE	CAUCASIAN	MEDIUM	FAIR
Eyes:	Hair:	Height:	Weight:
BROWN	BLACK	5ft. 7 in.	154
Release Date:	Release Type:	Released To:	Days:
10/20/2016 11:03	Final Release		0
Released By:		Physical Releasing Officer:	
Release Reason:			
BONDED			
Release Comments:			
-29			



Case No	Charge Code	Billing Agency	Description	
	29385	FUG IN ST.	FAILURE TO APPEAR - MISDEMEANOR	RELEASED
Bond Amount	Bond Type	Case #	Bond Agency	Bond Status
Detainer Description	Hold Agency	Expires		

I understand than any property still in the possession of the ST. CHARLES COUNTY DEPARTMENT OF CORRECTIONS at the time of my release will be kept for a total of 30 days. Any property not picked up or released at the end of those 10 days will be disposed of. I further understand that it is my responsibility to notify anyone that I designate as authorized to pick up my property. The person that I want to pick up my property will be designated on a property release form.

X _____ Person Authorized to pick up property _____
 Inmate Signature Address _____

Booking Report

SAIPOV, SAYFULLO HABIBULLAEVIC

Jacket No.	Booking No.	SSN	Cell	BOOKING 7 2	
Address		Emergency Contact			
[REDACTED]		2016005313			
Marital Status: MARRIED		[REDACTED]			
Sex MALE	Race CAUCASIAN	Age 28	Birth Date	Phone	[REDACTED]
Eyes BROWN	Hair BLACK	Height 5Ft. 7 In.	Weight 154	Build MEDIUM	Skin FAIR
Alias					Drivers License #



October 20, 2016 10:35

Arrest Date: 10/20/2016 09:03	Book Date: 10/20/2016 10:23	Billing Agency:	FBI #
Arresting Officer: [REDACTED]	Pre-Book Officer:		State #
Arresting Agency: MISSOURI HIGHWAY PATR	Booking Officer: [REDACTED]		State Alt #
Where Arrested: ST CHARLES	Searching Officer:		AFIS #
Cross Street:			Alien #

Case No	Charge Code	Description	Billing Agency	Disposition
W29277974	29385	FAILURE TO APPEAR - MISDEMEANOR	FUG IN ST.	PENDING

Bond Amount	Bond Type	CaseNo	Agency	Bond Status
200.00	CASH	[REDACTED]	PLATTE COUNTY	OPEN

Detainer Description	Agency	Expires
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SAIPOV, SAYFULLO HABIBULLAEVIC 2016005313

**ST. CHARLES COUNTY DEPARTMENT OF CORRECTIONS
RECORD OF ARREST**

Section A- Arrest Information - to be completed by arresting officer.

2016005313

DCN#

Date of Arrest 10/20/2016 Time of Arrest 0903 Time of delivery to SCCDOC 0955Name of Subject SAIPOV SAYFULLD HABIBULLAEVIC
(Last) (First) (Middle)Address [REDACTED] City TAMPA State FL
Zip Code [REDACTED] Phone # [REDACTED]

Race	Sex	Height	Weight	Hair Color	Eye Color	Build	Complexion
<u>WHI</u>	<u>M</u>	<u>5'7</u>	<u>154</u>	<u>BLK</u>	<u>BRN</u>		
Age	DOB	Place of Birth			Social Security #		
	<u>[REDACTED]</u>	<u>Uzbekistan</u>			<u>[REDACTED]</u>		

Alias Name(s) _____

Charge(s)/Statutes NO. WARRANT - PLATTE COUNTY - 701853721Complaint# _____ Case# [REDACTED] OCN 174Arrest Location C4 West Weigh ScaleArresting Office [REDACTED] Dept. MSHP/C DSN# _____Vehicle Towed: Yes _____ NO ☒ Towing service _____PAW/ 12 / 24 hour hold: Yes _____ No ☒ Start Time _____ End Time _____

Have you been involved in a recent Motor Vehicle Accident? Yes _____ No _____ Date _____

Section B: Medical / Mental Health concerns - to be completed by arresting officer.

To your knowledge, has your arrestee complained of or shown any signs or symptoms of injury, illness, bleeding, chronic medical condition and / or alcohol / drug intoxication?
Yes _____ No ☒ If yes, please describe:

Do you have any information (e.g., from observed behavior, documentation from sending agency/facility / family member / guardian, etc.) that indicates arrestee is a mental health or suicide risk?
Yes _____ No ☒ If yes, please describe:

Arresting Officer's Signature [REDACTED]DSN# [REDACTED]

White Copy - Inmate File Yellow Copy - Medical

BOND

IN THE COURT OF Platte Co.

Defendant's Name, Address, Zip Code

Saipov, San Bruno 14

Bond Amount

200.00

Bond Received

200.00

Name of Person Posting Bond

D2016005313

Telephone

Social Security No.

Date of Birth

Type of Bond

Personal
RecognitionCash

10%

Property

Surety

Next Court Hearing (Date, Time, Division)

Judge Echold

Charges

FTANov. 16, 2016 @ 1330hrs Div 5

I/We, as principal/sureties agree to pay the State of Missouri the sum of \$ 200.00 unless the defendant abides by the conditions as set out below.

BOND CONDITIONS AND CONSEQUENCES FOR FAILURE TO MEET CONDITIONS:

Having been (charged with/convicted of) the criminal offense(s) shown above, the defendant (or his/her surety) has posted this bond in order to be released from custody.

THE DEFENDANT IS REQUIRED TO:

1. Attend all court hearings as set by this court or any court to which this case is transferred or appealed.
2. Submit to any orders, judgments and sentence of this court or any court hearing this case.
3. Inform the court of any change of address.
4. **OTHER CONDITIONS:**
 - a. Defendant shall not tamper with a witness or victim nor allow another person on his/her behalf to tamper with a witness or victim as described on the reverse of this form.
 - b.
 - c.

If the defendant follows the above conditions, he/she will be released from this bond and any cash or securities deposited will be returned to the defendant or his/her assignee after the original receipt is presented to the clerk, less any fines, court costs, restitution, and various other fees which will be deducted from the cash bond before any money will be refunded.

THE DEFENDANT UNDERSTANDS that the consequences for failure to follow any of the above conditions are:

1. Forfeit any cash or securities deposited with the court.
2. The court has the authority to sell the defendant's property to collect the full amount of the bond.
3. If the defendant fails to abide by condition 1., a warrant will be issued for his/her arrest and in addition to the above charges, a charge of failure to appear may be filed.

Defendant's Signature

Date

10/20/2016**FOR PERSONS OTHER THAN THE DEFENDANT WHO POST BOND:**

I now assume custody for the defendant. The defendant will appear and abide by the conditions as shown above. If the defendant fails to do so, I understand that I or the company I represent must forfeit or pay the full amount of the bond or it will be levied against my property or estate or the property of the company I represent. If the bond concerns a case on appeal from the Circuit Court, I irrevocably appoint the Clerk of this Court and the Clerk of the Appellate Court as my agent to receive service of any notice or process in connection with the forfeiture of this bond. If acting as bail bond agent or general bail bond agent, I attest that I have no unsatisfied judgments against me.

All fines and costs associated with a case must be paid prior to bond refund or said amounts will be deducted from the bond. (local court rule 67.1.3)

Be advised that in the event the Defendant is plead guilty, found guilty or enters any type of plea, all assessments against the Defendant, such as fines, court costs, and various other fees, will be deducted from the cash bond before any money will be refunded to you.

Signature of Person Posting Bond

License No. (If Applicable)

Signature of Person Posting Bond

Address: Street

City

State

Zip Code

Address: Street

City

State

Zip Code

Approved by: (Judge or Clerk)

Date

TRF019

CREDIT CARD PAYMENT**2016005313**

Payments and/or products will be processed for:

2016005313 : SAPOV, SAYFULLO H

Account: StCharlesMO-78224

St. Charles MO

DEPOSIT AMOUNT \$200.00

SERVICE FEE \$20.00

TOTAL DUE \$220.00**CARDHOLDER INFORMATION****First Name**

SAYFULLO

LAST NAME

SAPOV

Address:

[REDACTED]

Phone:

Work Phone:

Birthdate:

I understand that a charge by JailATM.com will appear on my credit card statement and I approve this
NON-REFUNDABLE charge to my credit card.

Cardholder Signature:

Date: 10/20/16

I have read, fully understand and agree to the terms and conditions of this agreement.

CARDHOLDER AGREEMENT

I approve this **NON-REFUNDABLE** charge to my credit card and agree to pay the total amount due according to the payment rules and regulations of the card issuer.

I understand that any amounts received will be automatically applied to the account listed on this document. I understand that once the payment is deposited into the account, the detention facility may deduct some or all the incoming funds to pay for services rendered by the facility. In any event, the JailATM.com transaction will be considered complete, accepted and final. In the case of a billing or accounting dispute with the detention facility, I agree that it is not the responsibility of Tech Friends, Inc. or the JailATM.com service and the JailATM.com transaction will not be reversed or refunded for any reason.

I acknowledge that Tech Friends, Inc. shall not be liable for any damages of any kind arising out of or in connection with this agreement or the JailATM.com service. I furthermore agree that any claim, dispute, or controversy between myself and Tech Friends, Inc. or the JailATM.com service shall be pursued under binding arbitration according to the Code of Procedures of the National Arbitration Forum and all hearings shall take place in the state of Arkansas under Arkansas State law. I also agree, to the extent permitted by law, that I will not bring, join, or participate in any class action or multi-plaintiff action as to any claim, dispute, or controversy that I may have against Tech Friends, Inc., its affiliates, or the JailATM.com service.

I understand that any non-payment of the transaction amount will be turned over to a collection agency and litigation procedures will begin. I also understand that I am responsible for paying any JailATM.com charges arising from pursuing payment such as collection fees, court fees, attorney fees, etc.

THIS CONVENIENCE SERVICE IS PROVIDED BY TECH FRIENDS, INC. ON AN "AS IS" AND "AS AVAILABLE" BASIS. YOU AGREE THAT YOUR USE OF THE JAILATM.COM SERVICE IS AT YOUR SOLE RISK. TECH FRIENDS, INC. AND ITS AFFILIATES, OFFICERS, EMPLOYEES, AND STOCKHOLDERS WILL NOT BE LIABLE FOR ANY DAMAGES OF ANY KIND ARISING FROM THE USE OF THE JAILATM.COM SERVICE, FOR DISRUPTIONS IN SERVICE, OR FOR ERROR, DELAY, OR MISDELIVERY OF A PAYMENT, REGARDLESS OF THE CAUSE, INCLUDING (WITHOUT LIMITATION) DIRECT, INDIRECT, INCIDENTAL, PUNITIVE AND CONSEQUENTIAL DAMAGES.

Officer: Sign this form and complete the transaction in the Lockdown software.

by driver's license photo ID, or other means

Officer Signature:

Date:

10/19/2016

410

Bond Payments

2016005313 : SAPOV, SAYFULLO H

Case #

Citation #, Warrant #

Arrest #

Cause #

PLATTE COUNTY

Date	Type	Receipt #	User	Comment	Total
10/20/2016	Credit Card	1763439		Stored Card Bond Payment GC# 5381408	\$200.00

Deposited By: SAPOV, SAYFULLO H

Total Paid: \$200.00
Remaining: \$0.00

2016005313

Printed 10/20/2016

Confidential Property of St. Charles MO

Page 1 of 1

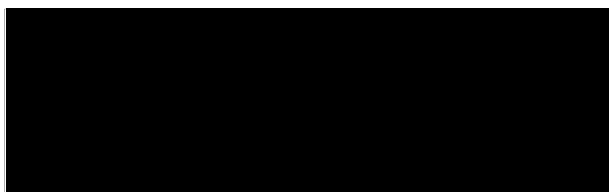
Inmate Property - SAIPOV, SAYFULLO HABIBULLAEVIC

2016005730

2016005313**Property Bag#**

Item	Qty.	Description	Storage Loc.	Recvd By	Withdrawal Date
VISA	1	2013	PROPERTY BAG	BOOKING	10/20/16 11:04
FTS	1	1033	PROPERTY BAG	BOOKING	10/20/16 11:04
BELT	1	BROWN	PRDPERY BAG	BOOKING	10/20/16 11:04
WALLET	1	BROWN	PROPERTY BAG	BOOKING	10/20/16 11:04
SHIRT	1	PURPLE/WHITE	PROPERTY BAG	BOOKING	10/20/16 11:04
PANTS	1	BLUE	PROPERTY BAG	BOOKING	10/20/16 11:04
SHOES	2	BLUE	PROPERTY BAG	BOOKING	10/20/16 11:04
CELL PHONE	1	IPHONE	PROPERTY BAG	BOOKING	10/20/16 11:04
SUNGLASSES	1		PROPERTY BAG	BOOKING	10/20/16 11:04

I have received all the above items with the exception of any I previously released.



2016005730 - SAIPOV, SAYFULLO HABIBULLAEVIC
Inmate Property: 10/20/2016 11:04:24 AM

Officer Signature

Inmate Signature

I understand that any property still in the possession of the SCCDOC at the time of my release will be kept for a total of 10 days. Any property not picked up or released at the end of those 10 days will be disposed of. I further understand that it is my responsibility to notify anyone that I designate as authorized to pick up my property. The person that I want to pick up my property will be designated on a property release form.

2016005730

2016005313

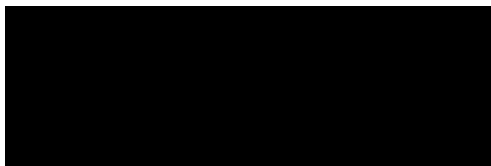
Property Bag# 418

Item	Qty.	Description	Storage Loc.	Recvd By	Withdrawal Date
VISA	1	2013	PROPERTY BAG	BOOKING	1/1/00 0:00
FTS	1	1033	PROPERTY BAG	BOOKING	1/1/00 0:00
BELT	1	BROWN	PROPERTY BAG	BOOKING	1/1/00 0:00
WALLET	1	BROWN	PROPERTY BAG	BOOKING	1/1/00 0:00
SHIRT	1	PURPLE/WHITE	PROPERTY BAG	BOOKING	1/1/00 0:00
PANTS	1	BLUE	PROPERTY BAG	BOOKING	1/1/00 0:00
SHOES	2	BLUE	PROPERTY BAG	BOOKING	1/1/00 0:00
CELL PHONE	1	IPHONE	PROPERTY BAG	BOOKING	1/1/00 0:00
SUNGLASSES	1		PROPERTY BAG	BOOKING	1/1/00 0:00

I certify the items above are the personal property removed from me at time of admission.



2016005730 - HABIBULLAEVIC, SAYFULLO SAIPOV
Inmate Property 10/20/2016 10:39:44 AM



Officer Signature

Inmate Signature

2016005313

ST. CHARLES COUNTY DEPARTMENT OF CORRECTIONS

PROPERTY INVENTORY

BAG# 418NAME SAIPOV, SAYFULLD HDATE 10/20/16

Currency \$ _____

Checks \$ _____

Other \$ _____

TOTAL \$ 0

CREDIT CARDS (last 4 digits)

Visa 2013

MC _____

Discover _____

Other FTS 1033

Purse _____

Belt 1 BrownWallet 1 BROWN

Checkbook(Check #s) _____ thru _____

Cap/Hat _____

Keys (How Many) 1Shirt 1 Purple/whitePants 1 blue

Skirt/Dress _____

Shoes 2 blue

Coat/Jacket _____

Lighter _____

PRESCRIPTION DRUGS

KNIFE _____

JEWELRY

CELL PHONE (brand) iPhone

(number) _____

PAGER (brand) _____

(number) _____

Watch _____

Ring(s) _____

Necklace(s) _____

Earrings _____

Bracelet(s) _____

MISC 1 gray glassesDelivering Officer _____ DSN _____ Dept. MSHP/cInmate Signature [Signature]SCCDOC Receiving Of _____ DSN 40

SCCDOC Officer Responsible for "dressing out" _____

DSN _____ Date _____

